Image# 14941769307 PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| | -or Other Than An Autr | norized Committee | Of | fice Use Only |
|--|---------------------------------|--|----------------------|-----------------------------|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 | |
| Henry Ford Health Sys | stem Government Affa | airs Services PAC | | |
| | | | | |
| ADDDESO. | c/o Comerica Bank, PAC Se | rvices | | |
| ADDRESS (number and street) | 3551 Hamlin Road, MC2250 |) | | |
| Check if different than previously | Auburn Hills | | MI | 48326 |
| reported. (ACC) | | | | |
| 2. FEC IDENTIFICATION NU | JMBER ▼ CIT | Y A | STATE A | ZIP CODE ▲ |
| C C00552141 | | S THIS EPORT X (N) OR | AMEN (A) | DED |
| 4. TYPE OF REPORT (Choose One) | Report Due On: | 20 (M2) May 20 (M8 20 (M3) Jun 20 (M6 | | Year Only) |
| (a) Quarterly Reports: | Apr | 20 (M4) Jul 20 (M7) | Oct 20 (| Year Only) |
| April 15 Quarterly Report (C | | | | |
| July 15 Quarterly Report (C | PRE-Election | Primary (12P) | General (120 | |
| October 15 Quarterly Report (C | Report for the: | Convention (12C) | Special (12S |) |
| January 31 Year-End Report (Y | Fleekies | n on | Y Y Y Y Y | in the State of |
| July 31 Mid-Year Report (Non-electio Year Only) (MY) | (d) 30-Day | General (30G) | Runoff (30R) | Special (30S) |
| Termination Report (TER) | | M = M / D = D / | Y | in the State of |
| 5. Covering Period 04 | M / D D / Y Y Y | | 30 Y | 2014 |
| I certify that I have examined th | is Report and to the best of | my knowledge and belief it is | rue, correct and co | implete. |
| Type or Print Name of Treasure | James M. Connelly | | | |
| Signature of Treasurer | es M. Connelly | [Electronically Filed] | Date 07 | 12 / 2014 |
| NOTE: Submission of false, errone | eous, or incomplete information | n may subject the person signing | this Report to the p | enalties of 2 U.S.C. §437g. |
| Office Use | | | | FEC FORM 3X Rev. 12/2004 |
| Only | | | | |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

Report Covering the Period: From: 04 01 2014 To: 06 30 2014

COLUMN A COLUMN B

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6. | (a) Cash on Hand January 1, 2014 | | 0.00 |
| | (b) Cash on Hand at Beginning of Reporting Period | 0.00 | |
| | (c) Total Receipts (from Line 19) | 24450.00 | 24450.00 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 24450.00 | 24450.00 |
| 7. | Total Disbursements (from Line 31) | 9000.00 | 9000.00 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 15450.00 | 15450.00 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Henry Ford Health System Government Affairs Services PAC

| | COLUMN A | | | | |
|---|---|---|--|--|--|
| I. Receipts | COLUMN B Calendar Year-to-Date | | | | |
| | | | | | |
| | | | | | |
| | 23900 00 | 23900.00 | | | |
| (i) Itemized (use Schedule A) | 23900.00 | 25500.00 | | | |
| (ii) Unitemized | 550.00 | 550.00 | | | |
| Lines 11(a)(i) and (ii) | 24450.00 | 24450.00 | | | |
| Political Party Committees | 0.00 | 0.00 | | | |
| (such as PACs) | 0.00 | 0.00 | | | |
| Total Contributions (add Lines | | | | | |
| Totals to Line 33, page 5)▶ | 24450.00 | 24450.00 | | | |
| | 0.00 | 0.00 | | | |
| Loans Received | 0.00 | 0.00 | | | |
| ın Repayments Received | 0.00 | 0.00 | | | |
| sets To Operating Expenditures | | | | | |
| funds, Rebates, etc.) | | | | | |
| rry Totals to Line 37, page 5) | 0.00 | 0.00 | | | |
| unds of Contributions Made | | | | | |
| ederal Candidates and Other | | | | | |
| itical Committees | 0.00 | 0.00 | | | |
| er Federal Receipts | | | | | |
| vidends, Interest, etc.) | 0.00 | 0.00 | | | |
| nsfers from Non-Federal and Levin Funds | | | | | |
| Non-Federal Account | | | | | |
| (from Schedule H3) | 0.00 | 0.00 | | | |
| | | | | | |
| Levin Funds (from Schedule H5) | 0.00 | 0.00 | | | |
| Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 | | | |
| | Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|----------------------------|-----------------------------------|
| Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Talonaa Tour to Buto |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating | | |
| Expenditures(c) Total Operating Expenditures | 0.00 | 0.00 |
| (add 21(a)(i), (a)(ii), and (b))▶ | 0.00 | 0.00 |
| Transfers to Affiliated/Other Party | 0.00 | 0.00 |
| CommitteesContributions to | 0.00 | 0.00 |
| Federal Candidates/Committees and Other Political Committees | 0.00 | 0.00 |
| Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| Coordinated Party Expenditures | 7 7 7 | |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other | 0.00 | 0.00 |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | | 0.00 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds | 0.00 | |
| (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| Other Disbursements | 9000.00 | 9000.00 |
| Fodoval Floation Activity (0.11.C.C. \$401(00)) | | |
| Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity | | |
| (from Schedule H6) | 0.00 | 0.00 |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add | 3.00 | |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 |
| Total Disbursements (add Lines 21(c), 22, | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 9000.00 | 9000.00 |
| Total Federal Disbursements | | , |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 9000.00 | 9000.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 24450.00 | 24450.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 24450.00 | 24450.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| '. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

| FOF | PAGE | | 6 | OF | | 14 | | | | |
|------------------|------|-----|----|----|----|----|----|---|--|----|
| (check only one) | | | | | | | | | | |
| X | 11a | 11c | | 12 | 2 | | | | | |
| | 13 | | 14 | | 15 | | 16 | 3 | | 17 |

| NAME OF COMMITTEE (in Full) Henry Ford Health System Government Affairs Services PAC | Any information copied from such Reports and or for commercial purposes, other than using | d Statements may not be sold or used by any per the name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
|---|---|--|---|
| A. Mary Alice Annecharico Mailing Address 80 Lochmoor Blvd City City City State Zip Code Grosse Pointe Shores Mil 48236 FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health System Receipt For: Primary General City State Zip Code Bibonnfield Hills Mil 48301 City State Zip Code Bibonnfield Hills Mil 48301 FEC ID number of contributing federal political committee. City Date of Receipt Transaction ID: \$491883 Amount of Each Receipt this Period City State Zip Code Bibonnfield Hills Mil 48301 FEC ID number of contributing federal political committee. City Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City Northville FIG ID number of contributing federal political committee. City State Zip Code Mil 43168 Date of Receipt Date of Receipt Transaction ID: \$494883 Amount of Each Receipt this Period CEO Date of Receipt Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Date of Receipt Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period Transaction ID: \$494883 Amount of Each Receipt this Period | ' ' | overnment Affairs Services PAC | |
| City State Zip Code MI 48236 FEC ID number of contributing federal political committee. Name of Employer Honny Ford Health System SR VP & CIO Receipt For: Primary General Other (Last, First, Middle Initial) Rose of Employer Henry Ford Health System City State Zip Code MI 48301 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 8491684 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 8491683 Amount of Each Receipt this Period Date of Receipt Date of Recei | Mary Alice Annecharico | | † |
| FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health System Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Mil | 011 | 7.0.1 | |
| FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health System SR VP & CIO Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Name of Employer Henry Ford Health System Receipt For: Primary General Occupation State Zip Code MI 48301 Date of Receipt Transaction ID: 8494863 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Rose Glenn Mailing Address 48767 Stoneridge Dr City State Zip Code MI 48168 FEC ID number of contributing federal political committee. City State Zip Code MI 48168 Date of Receipt this Period Date of Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period City Northville FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Roceipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation Coccupation SyP Communications/CMO HFHS Roceipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Transaction ID: | | · | |
| Henry Ford Health System Receipt For: Primary General Other (specify) ▼ 2000.00 Full Name (Last, First, Middle Initial) Nancy Schlichting Mailing Address 1710 Orchard Lane City State Zip Code Mil 48301 FEC ID number of contributing tederal political committee. Name of Employer Henry Ford Health System Receipt For: Primary General Other (specify) ▼ 2000.00 FUII Name (Last, First, Middle Initial) Rose Glenn Mailing Address 48767 Stoneridge Dr City State Zip Code Mil 48168 Aggregate Year-to-Date ▼ 2000.00 Date of Receipt Date of Receipt Transaction ID : 8494863 Amount of Each Receipt this Period CEO Receipt For: Primary General Other (specify) ▼ 2000.00 Date of Receipt Transaction ID : 8500134 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. City State Zip Code Transaction ID : 8500134 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. Cuty State Zip Code Transaction ID : 8500134 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. Cuty State Zip Code Transaction ID : 8500134 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. Cuty State Zip Code Transaction ID : 8500134 Amount of Each Receipt This Period FEC ID number of contributing tederal political committee. Cuty State Zip Code Transaction ID : 8500134 Amount of Each Receipt This Period FEC ID number of contributing tederal political committee. Aggregate Year-to-Date ▼ 1000.00 | FEC ID number of contributing | | |
| Primary General Other (specify) ▼ 2000.00 Full Name (Last, First, Middle Initial) 3. Nancy Schlichting Mailing Address 1710 Orchard Lane City State Zip Code MI 48301 FEC ID number of contributing tederal political committee. Name of Employer Henry Ford Health System Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 2000.00 Full Name (Last, First, Middle Initial) City State Zip Code MI 48168 Primary General Other (specify) ▼ 2000.00 Full Name (Last, First, Middle Initial) City State Zip Code MI 48168 FEC ID number of contributing tederal political committee. City State Zip Code MI 48168 City State Zi | Henry Ford Health System | · · | |
| Mailing Address 1710 Orchard Lane City Bloomfield Hills Bloomfield Hills Bloomfield Hills MI 48301 FEC ID number of contributing federal political committee. CEO Receipt Frimary Other (specify) ▼ City State Zip Code MI 48301 CEO Aggregate Year-to-Date ▼ CEO Full Name (Last, First, Middle Initial) City City Northville City Northville State Zip Code MI 48168 Date of Receipt Transaction ID: 8494863 Amount of Each Receipt this Period FULL Name (Last, First, Middle Initial) City State Zip Code MI 48168 Date of Receipt Transaction ID: 8500134 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | Primary General | | |
| City State Zip Code MI 48301 FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health System City Northville FEC ID number of contributing federal political committee. CEO Receipt For: Primary General Other (specify) ▼ City Northville FEC ID number of contributing federal political committee. City Northville FEC ID number of contributing federal political committee. City Northville FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cocupation SVP Communications/CMO HFHS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cocupation SVP Communications/CMO HFHS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cocupation SVP Communications/CMO HFHS | Nancy Schlichting | | <u> </u> |
| Bloomfield Hills MI 48301 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health System Receipt For: Primary General Other (specify) City Northville FEC ID number of contributing federal political committee. City Northville FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary General Other (specify) Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 3500134 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 8500134 Amount of Each Receipt this Period Transaction ID: 9500134 Amount of Each Receipt this Period Transaction ID: 9500134 Amount of Each Receipt this Period Transaction ID: 9500134 Amount of Each Receipt this Period | 011 | Olate 7's Oads | |
| FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health System Receipt For: Primary General Other (specify) ▼ City State Zip Code MI 48168 FEC ID number of contributing federal political committee. City State Zip Code MI 48168 FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary General Occupation SVP Communications/CMO HFHS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | • | ' | |
| Henry Ford Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Rose Glenn Mailing Address 48767 Stoneridge Dr City State Zip Code Northville MI 48168 FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: 8500134 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 1000.00 | FEC ID number of contributing | | T |
| Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Rose Glenn Mailing Address 48767 Stoneridge Dr City Northville State Zip Code Northville MI 48168 FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ F5000.00 | Henry Ford Health System | · · | |
| Mailing Address 48767 Stoneridge Dr City State Zip Code Northville MI 48168 FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary Other (specify) ▼ Date of Receipt MM M 48168 Transaction ID: 8500134 Amount of Each Receipt this Period 1000.00 Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Occupation SVP Communications/CMO HFHS Aggregate Year-to-Date ▼ | Primary General | | |
| Mailing Address 48767 Stoneridge Dr City State Zip Code Northville MI 48168 FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ FOOD 00 | | | |
| Northville MI 48168 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ F000.00 | | | M = M / D = D / Y = Y = Y |
| FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary Other (specify) ▼ Amount of Each Receipt this Period 1000.00 1000.00 | - | | Transaction ID : 8500134 |
| Name of Employer Henry Ford Health Systems Receipt For: Primary Other (specify) ▼ Occupation SVP Communications/CMO HFHS Aggregate Year-to-Date ▼ 1000.00 | | MI 48168 | Amount of Each Receipt this Period |
| Henry Ford Health Systems Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | 3 | C | 1000.00 |
| Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | Name of Employer | Occupation | |
| Primary General Other (specify) ▼ 1000.00 | | SVP Communications/CMO HFHS | |
| SUBTOTAL of Receipts This Page (optional) | Primary General | | |
| | SUBTOTAL of Receipts This Page (optional) | | 5000.00 |
| TOTAL This Period (last page this line number only). | | <u>`</u> | |

| FO | PAGE | | 7 | OF | | 14 | | | | | | |
|-----|------------------|--|-----|----|-----|----|----|---|--|----|--|--|
| (ch | (check only one) | | | | | | | | | | | |
| > | 1 1a | | 11b | | 11c | | 12 | 2 | | | | |
| | 13 | | 14 | | 15 | | 16 | 6 | | 17 | | |

| | Statements may not be sold or used by any pers he name and address of any political committee to | |
|--|---|--|
| NAME OF COMMITTEE (In Full) Henry Ford Health System Go | vernment Affairs Services PAC | |
| Full Name (Last, First, Middle Initial) James M. Connelly Mailing Address, 7432 Kenneur, Court | | Date of Receipt |
| Mailing Address 7123 Kennowy Court | | 06 18 2014 |
| City | State Zip Code | Transaction ID: 8500185 |
| West Bloomfield | MI 48322 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2000.00 |
| Name of Employer | Occupation | |
| Henry Ford Health Systems | HAP CEO/HFHS EVP | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2000.00 | |
| Full Name (Last, First, Middle Initial) 3. Susan Conway | 1 | Date of Receipt |
| Mailing Address 998 Brookwood Street | 7 | 06 19 2014 |
| City | State Zip Code MI 48009 | Transaction ID : 8501878 |
| Birmingham FEC ID number of contributing | 10000 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2000.00 |
| Name of Employer | Occupation | |
| Henry Ford Health System | Director | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 2000.00 | |
| Full Name (Last, First, Middle Initial) C. Mark E. Coticchia | • | Date of Receipt |
| Mailing Address 1135 Shelby St #2607 | | 06 19 / 2014 |
| City Detroit | State Zip Code MI 48226 | Transaction ID : 8501879 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 1000.00 |
| Name of Employer | Occupation | - |
| Henry Ford Health System | Healthcare Management | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 5000.00 |
| TOTAL This Period (last page this line number | er only) | |

| | | | | | | PAGE | = | 8 | OF | | 14 |
|--|------------------|-------------|--|-----|--|------|---|----|----|--|----|
| | (check only one) | | | | | | | | | | |
| | > | 1 1a | | 11b | | 11c | | 12 | 2 | | |
| | | 13 | | 14 | | 15 | | 16 | 6 | | 17 |

| | d Statements may not be sold or used by any pers the name and address of any political committee to | |
|---|--|--|
| NAME OF COMMITTEE (In Full) Henry Ford Health System Go | overnment Affairs Services PAC | |
| Full Name (Last, First, Middle Initial) Margot C Lapointe Mailing Address 130 Tiffany Ln. | | Date of Receipt |
| City Royal Oak | State Zip Code MI 48067 | 7 Transaction ID : 8508010 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 250.00 |
| Henry Ford Health System Receipt For: Primary General Other (specify) ▼ | Research Scientist & VP for Research Aggregate Year-to-Date ▼ 250.00 | - |
| Full Name (Last, First, Middle Initial) 3. Brian R Gamble Mailing Address 2304 Hedigham Blvd | | Date of Receipt 06 23 2014 |
| City Wixom | State Zip Code MI 48393 | Transaction ID : 8508014 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 500.00 |
| Henry Ford Health System Receipt For: Primary General Other (specify) ▼ | VP Treasury Aggregate Year-to-Date ▼ 500.00 | _ |
| Full Name (Last, First, Middle Initial) James P O'Connor Mailing Address 3237 Glen Iris Drive | | Date of Receipt |
| City Commerce Township | State Zip Code MI 48382 | 06 23 2014 Transaction ID : 8508017 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 300.00 |
| Henry Ford Health System Receipt For: Primary General Other (specify) | Healthcare Supply Chain Aggregate Year-to-Date ▼ 300.00 | _ |
| SUBTOTAL of Receipts This Page (optional). | | 1050.00 |
| TOTAL This Period (last page this line number | | |

| FOR LINE NUMBER: | | | | | | PAGE | | 9 | OF | | 14 | |
|------------------|------------------|-----|-----|----|----|------|--|----|----|--|----|--|
| (0 | (check only one) | | | | | | | | | | | |
| | X | 11a | 11c | | 12 | | | | | | | |
| | | 13 | | 14 | | 15 | | 16 | ; | | 17 | |

| | the name and address of any political committee t | |
|--|---|------------------------------------|
| NAME OF COMMITTEE (In Full) | | |
| / | overnment Affairs Services PAC | |
| Full Name (Last, First, Middle Initial) A. Edith Eisenmann | | Date of Receipt |
| Mailing Address 19225 Savage Rd. | | 06 24 2014 |
| City | State Zip Code | Transaction ID : 8508018 |
| Belleville | MI 48111 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | - |
| Henry Ford Health System | VP & CGO | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 |
| Primary General | 0.0 | |
| Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) Charles J Barone II | | Date of Receipt |
| Mailing Address 8228 Long Island Ct. | | 06 25 2014 |
| City | State Zip Code | Transaction ID: 8508056 |
| Fair Haven | MI 48023 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | - |
| Henry Ford Health System | Physician Pediatrician | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) | ' | Date of Receipt |
| Mailing Address 3321 Squirrel Rd. | | 06 25 2014 |
| City | State Zip Code | Transaction ID : 8508057 |
| Bloomfield Hills | MI 48304 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | - |
| Henry Ford Health System | COO, SCNO | |
| Receipt For: | Aggregate Year-to-Date ▼ |] |
| Primary General Other (specify) ▼ | 1000.00 | |
| SUBTOTAL of Receipts This Page (optional |) > | 2500.00 |
| | | |
| TOTAL This Period (last page this line number | per only) | |

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| Use separate schedule(s) for each category of the | (che | ck only | or | ne) | | | | | |
| Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | |
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14

| Any information copied from such Reports and or for commercial purposes, other than using t | Statements may not be sold or used by any per he name and address of any political committee to | son for the purpose of soliciting contributions to solicit contributions from such committee. |
|---|--|---|
| NAME OF COMMITTEE (In Full) Henry Ford Health System Go | overnment Affairs Services PAC | |
| Full Name (Last, First, Middle Initial) Noel Baril Mailing Address 8 Dodge Place | | Date of Receipt |
| | | 06 23 2014 |
| City Grosse Pointe | State Zip Code MI 48230 | Transaction ID: 8509675 |
| FEC ID number of contributing federal political committee. | C 40230 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Henry Ford Health System | Occupation Health Care Exective | - |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Manuel L Brown Mailing Address 317 Berwyn Street | | Date of Receipt |
| City | Stata Zin Cada | 06 23 2014 |
| City Birmingham | State Zip Code MI 48009 | Transaction ID : 8509676 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 1000.00 |
| Name of Employer Henry Ford Health System | Occupation Physician | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) | 1 | |
| T. Douglas Clark Mailing Address 4083 Charing Cross | | Date of Receipt 06 23 2014 |
| City | State Zip Code | Transaction ID: 8509677 |
| Bloomfield Hills | MI 48304 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | 1 |
| Henry Ford Health Systems Receipt For: | Vice Pres. HFHS | - |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 2250.00 |
| TOTAL This Period (last page this line number | | |

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| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any persone name and address of any political committee to | son for the purpose of soliciting contributions o solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) Henry Ford Health System Go | vernment Affairs Services PAC | |
| Full Name (Last, First, Middle Initial) Paul A. Edwards MD Mailing Address 4260 Apple Valley Lane | | Date of Receipt |
| | | 06 23 2014 |
| City West Bloomfield | State Zip Code MI 48323 | Transaction ID : 8509678 |
| | 10020 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | 1 |
| Henry Ford Health System | Physician | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Charles Kelly | | Date of Receipt |
| Mailing Address 1315 Pine Drive | | 06 23 2014 |
| City | State Zip Code MI 48462 | Transaction ID: 8509679 |
| Ortonville FFC ID number of contributing | 10.02 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | |
| Henry Ford Health System | Physician Executive | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) C. Julia S Swanson | | Date of Receipt |
| Mailing Address 2615 Solar Dr | | 06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Lake Orion | State Zip Code MI 48360 | Transaction ID : 8509681 |
| | 1911 40300 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 300.00 |
| Name of Employer | Occupation | |
| Henry Ford Health System | VP Performance Analytics | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 300.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1800.00 |
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| | Statements may not be sold or used by any persone name and address of any political committee to | |
|---|--|--|
| NAME OF COMMITTEE (In Full) Henry Ford Health System Go | vernment Affairs Services PAC | |
| Full Name (Last, First, Middle Initial) Denise Beaudoin Mailing Address 37075 Kingsburn City Livonia FEC ID number of contributing federal political committee. | State Zip Code MI 48152 | Date of Receipt 06 24 2014 Transaction ID: 8509752 Amount of Each Receipt this Period 300.00 |
| Name of Employer Henry Ford Health System Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation VP Customer Engagement Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) H. Darlene Burgess Mailing Address 7113 Pebble Park Drive City West Bloomfield | State Zip Code MI 48322 | Date of Receipt M M |
| West Bloomfield FEC ID number of contributing federal political committee. Name of Employer | MI 48322 C Occupation | Amount of Each Receipt this Period |
| Henry Ford Health System Receipt For: Primary General Other (specify) ▼ | Corp VP Govt Affairs Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) C. Robert G. Riney Mailing Address 125 Kenwood | | Date of Receipt |
| City Grosse Pointe Farms FEC ID number of contributing federal political committee. Name of Employer Henry Ford Health Systems Receipt For: Primary General Other (specify) ▼ | State Zip Code MI 48236 C Occupation President & COO Aggregate Year-to-Date ▼ 2000.00 | Transaction ID: 8509754 Amount of Each Receipt this Period 2000.00 |
| SUBTOTAL of Receipts This Page (optional) | • | 3300.00 |
| TOTAL This Period (last page this line numbe | r only) | |

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| | and Statements may not be sold or used by any per g the name and address of any political committee | |
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| NAME OF COMMITTEE (In Full) Henry Ford Health System (| Government Affairs Services PAC | |
| Full Name (Last, First, Middle Initial) John Popovich Jr. Mailing Address 264 Chesterfield Ave. | | Date of Receipt |
| | | 06252014 |
| City | State Zip Code | Transaction ID: 8509761 |
| Birmingham | MI 48009 | _ Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2000.00 |
| Name of Employer | Occupation | 7 |
| Henry Ford Health System | Physician | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 2000.00 | |
| Full Name (Last, First, Middle Initial) 3. Deloris Ann Berrien-Jones | | Date of Receipt |
| Mailing Address 5467 Forest Way | | 06 27 2014 |
| City | State Zip Code | Transaction ID: 8516100 |
| Bloomfield | MI 48302 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 500.00 |
| Name of Employer | Occupation | 1 |
| Henry Ford Health System | Medical Doctor | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address 742 Berkshire Rd | | 06 27 2014 |
| City Grosse Pointe Park | State Zip Code MI 48230 | Transaction ID : 8516101 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation | _ |
| Henry Ford Health System | Physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | 3000.00 |
| , | <u>,</u> | |
| TOTAL This Period (last page this line nun | mber only) | 23900.00 |

| SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 14 | | | | |
|---|---|--------------------------|---|--|--|--|
| TEMIZED DISBURSEMENTS | Use separate schedule(s) | (check only | NOMBER. | | | |
| I LIMIZED DIODORIOLIVILIVIO | for each category of the Detailed Summary Page | 21b | 22 23 24 25 26 | | | |
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| Any information copied from such Reports and Statem | | | | | | |
| or for commercial purposes, other than using the name | | | | | | |
| NAME OF COMMITTEE (In Full) | . - | . | | | | |
| Henry Ford Health System Governi | ment Affairs Service | es PAC | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| 4. Health PAC | | | Date of Disbursement | | | |
| | | | M M / D D / Y Y Y Y | | | |
| Mailing Address 2112 University Park Dr | | | 06 19 2014 | | | |
| City | State Zip Code | | | | | |
| Okemos | State Zip Code MI 48864 | | Transaction ID: 8501860 | | | |
| Purpose of Disbursement | | | | | | |
| Direct Contribution | | 011 | Amount of Each Disbursement this Period | | | |
| Candidate Name | | Category/ | 9000.00 | | | |
| Office County | ant For | Type | 9000.00 | | | |
| Office Sought: House Disbursem | nent For: Primary General | | Direct Constitution | | | |
| | Other (specify) \blacktriangledown | | Direct Contribution | | | |
| State: District: | (ebeen)/ ▼ | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
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| Mailing Address | | | | | | |
| City | State Zip Code | | | | | |
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| Purpose of Disbursement | | | | | | |
| Candidata Nama | | | Amount of Each Disbursement this Period | | | |
| Candidate Name | | Category/ | | | | |
| Office Sought: House Disbursem | nent For: | Туре | | | | |
| | Primary General | | | | | |
| | Other (specify) ▼ | | | | | |
| State: District: | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
|). | | | Date of Disbursement | | | |
| Mailing Address | | | M M / D D / Y Y Y Y | | | |
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| Purpose of Disbursement | | | Amount of Each Dicharacters III. D | | | |
| Candidate Name | | Catogory | Amount of Each Disbursement this Period | | | |
| | | Category/ Type | | | | |
| Office Sought: House Disbursem | | | | | | |
| | Primary General | | | | | |
| | Other (specify) ▼ | | | | | |
| State: District: | | | | | | |
| CURTOTAL of Dishurasments This David (autism) | | | 9000.00 | | | |
| SUBTOTAL of Disbursements This Page (optional) | | ·····• | 3333.30 | | | |
| TOTAL This Period (last page this line number only). | | | 9000.00 | | | |
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